

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/700590

FILING DATE

APPLICANT(S)

CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51			
2						52			
3						53			
4						64			
5						65			
6						66			
7						67			
8						68			
9						69			
10						70			
11						71			
12						72			
13						73			
14						74			
15						75			
16						76			
17						77			
18						78			
19						79			
20						80			
21						81			
22						82			
23						83			
24				1		84			
25				1		85			
26				1		86			
27				1		87			
28				1		88			
29				1		89			
30				1		90			
31				1		91			
32				1		92			
33				1		93			
34				1		94			
35				1		95			
36				1		96			
37				1		97			
38				1		98			
39				1		99			
40				1		100			
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
TOTAL IND.	2		2			TOTAL IND.			
TOTAL DEP.	18	↓	18	↓		TOTAL DEP.			
TOTAL TOT.	20		20			TOTAL TOT.			

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